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State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2021
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
1674367	RHODE ISLAND NON EMERGENCY MEDICAL TRANSPORTERS ASSOCIATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To Improve matters pertaining to ownership and operation of non-emergency medical transportation business.
4. NAICS Code: 485999	

6. Principal Office Address	City	State	Zip
28 Padelford Street	PROVIDENCE	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President	Secretary	Treasurer
Name	OLAKITAN ADELEKE	OLUKAYODE ADEGUNA	ABDUL MAYALEKE	ABDULRAHAMAN ALLERU
Street Address	57 ORCHARD STREET	28 Padelford Street	4 SALISBURY Street	89 BELMONT AVENUE
City	CENTRAL FALLS	Providence	Providence	PROVIDENCE
State	RI	RI	RI	RI
Zip	02863	02906	02905	02908

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

	Director	Director	Director
Name	OLAKITAN ADELEKE	OLUKAYODE ADEGUNA	ABDUL MAYALEKE
Street Address	57 ORCHARD STREET	28 Padelford Street	4 SALISBURY STREET
City	CENTRAL FALLS	Providence	PROVIDENCE
State	RI	RI	RI
Zip	02863	02906	02905

	Director	Director	Director
Name	OLUKAYODE ADEGUNA	ABDULRAHAMAN ALLERU	
Street Address	28 Padelford Street	89 BELMONT AVENUE	
City	Providence	PROVIDENCE	
State	RI	RI	
Zip	02906	02908	

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
ABDULRAHAMAN ALLERU	10/5/2021

Signature of Officer/Authorized Representative: Abdul A

FILED
OCT 05 2021
BY 3P5JA
1:06

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020